MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-037923

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 491

FILED NOV 13 1962

1 0168
2 1000
3 2
4 0
5 1
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7 1
8 2
9 4200
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12 3-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: SE Mo Hosp — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Scott
c. CITY OR TOWN: Sikeston — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: JESSE Middle: LEO Last: KERLEY

4. DATE OF DEATH: Month: Nov Day: 2 Year: 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: June 17, 1896

9. AGE (last birthday): 66 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Polk Co. Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Guillen Kerley

13b. MOTHER'S MAIDEN NAME: Allie May Wise

14. NAME OF HUSBAND OR WIFE: Mabel Roffin Kerley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes WW I

17. INFORMANT: Mrs J C Sanders — Address: Sikeston Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Probable Pulmonary Embolus	Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Severe Cardiac Decompensation	unknown
DUE TO (c)	Arteriosclerotic Heart Disease	"

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pulmonary Emphysema

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/29/62 to 11/2/62 and last saw him alive on 11-2-62

Death occurred at 1:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ernest M. Howard M.D.

22b. ADDRESS: 24 N. Spring Cape Girardeau Mo.

22c. DATE SIGNED: 11/8/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11/6/62

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park

23d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo

24. FUNERAL DIRECTOR: BISPLINGHOFF FUNERAL HOME — ADDRESS: Sikeston, Mo

25. DATE RECD. BY LOCAL REG.: 11-9-1962

26. REGISTRAR'S SIGNATURE: Emma Kartus

(Licensed Embalmer's Statement on Reverse Side)

NOV 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Oliver C. Arnold

Licensed Embalmer No. 4470

P. O. Address Olney, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.